

Mayor Steven M. Fulop,
The Jersey City Municipal Council &
The Jersey City Department of Recreation
Present

"Summer Fun 2014"

Dear Parent/Guardian:

The City of Jersey City is sponsoring "SUMMER FUN 2014", a FREE program which provides summer recreational activities for children. The program will operate from Monday, July 07, 2014 to Friday, August 08, 2014 from 9:00 a.m. to 3:00 p.m.

To be eligible, a child must be no less than eight (8) years of age, nor more than thirteen (13) years of age by June 30, 2014.

If you wish to register your child, please fill out the attached form and return it to The Department of Recreation - Summer Fun 2014 - One Chapel Avenue, Jersey City, New Jersey 07305. Registration is on a first come, first served basis.

ALL REGISTERED CHILDREN WILL BE EXPECTED TO ATTEND EVERY DAY!

Registration ends on Friday, June 20, 2014

Locations of programs: Various Jersey City Public and Non Public Schools, and the Pershing Field Athletic Complex.

*This activity is not a school-sponsored activity

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PLEASE KEEP FOR INFORMATION PURPOSES

Participants must follow the rules and regulations of the program.

Breakfast and lunch are served daily.

Please leave money and valuables at home. We are not responsible for lost or stolen articles.

Have your child dressed appropriately for summer recreational activities.

Swimsuits are required for swimming.

Transportation will not be provided.

Ryan Strother, Director, Department of Recreation



MAYOR STEVEN M. FULOP
THE JERSEY CITY MUNICIPAL COUNCIL
AND
THE DEPARTMENT OF RECREATION



Summer Fun Day Camp

PARTICIPATION FORM

This entire form must be read, all sections completed unless optional, and signed before the participant is allowed to take part in any recreational programs. Demographic and income information is asked solely for the purposes of tracking statistical data and will in no way impact the decisions of the Recreation Department. Information provided may be used by the City of Jersey City to improve city services or access additional funding.

Name: _____ Male () Female ()
 (Last, First, Middle)

Address: _____

City, state, zip: _____

Date of birth: _____ Email address: _____

Parent/Guardian: _____

Soc. Sec # (Last 4 digits): _____

Home phone: _____ Cell phone: _____

Number of household members: _____ Permission to post pictures: Yes _____ No _____

Person to notify in case of emergency: _____

Phone #: _____ Relationship to child: _____

The Department of Recreation is offering **Free Swim Lessons** as a part of the Summer Fun Program. Please check for your child to participate: _____ YES _____ NO

Medical Issues or Special Needs:

Allergies: _____

Restrictions: _____

Income Category: Optional

Please circle your income category below to indicate whether your family income falls within the low to moderate income category. "Family size" refers to income-earning adults in household over 18 years of age.

FAMILY SIZE	1	2	3	4	5	6	7	8
MAXIMUM INCOME	\$43,200	\$49,400	\$55,550	\$61,700	\$66,650	\$71,600	\$76,550	\$81,450

Race: Optional

(Note: If you identify yourself as one of the listed ethnicities as well as Hispanic/Latino, please place a check in both columns)

Hispanic /Non-Hispanic

American Indian/Alaskan Native	____/____
Asian/Pacific Islander	____/____
Black/African American	____/____
Hispanic/Latino	____/____
Native Hawaiian/Other Pacific Islander	____/____
White	____/____
Other	____/____

As determined by my physician, I believe my child is in good physical condition and I as the parent of the above named child am not aware of any present or previous disease or injury that would result in being impaired during participation with the Jersey City Department of Recreation activity program designated above. I empower the staff to exercise reasonable care in the event of an emergency. I also give permission for my child to attend field trips and partake in photos/videos for recreational purposes only. I hereby agree to abide by the rules and regulations set forth by the Jersey City Department of Recreation. I also agree to hold harmless the City of Jersey City and the Jersey City Department of Recreation's employees and class instructors.

Initials: _____

To my knowledge, all information on this form is true and accurate. I understand that any incomplete information will delay the processing of my application regardless of when it is received by the City of Jersey City and the Jersey City Department of Recreation's employees and staff. I empower the staff to exercise reasonable care in the event of an emergency. I hereby agree to abide by the rules and regulations set forth by the Jersey City Department of Recreation. I also agree to hold harmless the City of Jersey City and the Jersey City Department of Recreation's employees and class instructors.

Parent/Guardian (Please Print Name): _____

Parent/Guardian Signature: _____ Date: _____